## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

annunciate All further	correspondence includin od below or directed oth	o the Patent advance or	rders and notification of rails specifying a new corre	maintenance fees w spondence address;	ill be mailed to the and/or (b) indicating	current correspondence s a separate "FEE ADD!	address as RESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
7590 02/06/2008  George Likourezos, Esq. Carter, DeLuca, Farrell & Schmidt, LLP Suite 225				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO electronically, on the date indicated below.			
445 Broad Hollow Road Melville, NY 11747				Maria Goldman (Depositor's name)			
1416141110, 141		Maria Goldman (Signature)					
	•			April 15, 2008			(Date)
APPLICATION NO.	FILING DATE	T	FIRST NAMED INVENTOR		ATTORNEY DOCKET	NO. CONFIRMATIO	ON NO.
10/650,182	10/650,182 08/28/2003		Jeffrey J. Terlizzi		1400-35 6462		
TITLE OF INVENTION	: MULTI-INTERFACE	DATA ACQUISITION	SYSTEM AND METHOD	THEREOF			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(	(S) DUE DATE D	DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740		
EXAM		ART UNIT	CLASS-SUBCLASS	1			
HESS, DANIEL A		2876	235-462010				
	nce address or indication		2. For printing on the p	natent front mage lie			
CFR 1.363).			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			THE PATENT (print or ty	•	· · · · · · · · · · · · · · · · · · ·		,
PLEASE NOTE: Uni- recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assign assignment.	ee is identified below	v, the document has bee	n fited for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Symbol Technologies, Inc. Holts				lle, ŅY			
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛮 Co	orporation or other pri	vate group entity 🔲 G	overnment
4a. The following fee(s):  Issue Fee Publication Fee (N Advance Order - #	o small entity discount p	☐ A check is enclosed. ☐ Payment by credit can ☐ The Director is hereby	yment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2140 (enclose an extra copy of this form).				
5. Change in Entity Stat	tus (from status indicated		b. Applicant is no lon				13 101117.
<u></u>		:/	d from anyone other than to Office.				er party in
interest as shown by the r	ecords of the Onited Sta	tes Potent and Trademark	Office.				
Authorized Signature	111/1	Me	<del></del>	Date Ap	ril 15, 2008		_ ,
Typed or printed name George Likourezos				Registration No. 40,067			
an annlication. Confident	iality is povemed by 35	U.S.C. 122 and 37 CFR	on is required to obtain or 1.14. This collection is es or depending upon the indivention Office COMPLETED FORMS T	timated to take 12 i	minutes to complete i	including eathering pren	rarine and

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.